		Healin	ing Arts Kansas State Board of Pharmacy													
General Category	Description	Reg. to Dispense Contact Lenses by Mail		у	dent	Pharmac eutical Manufac turer	tion Drug/ Controll ed Substan ces		Dealer's Permit (healthc are product s sales)	Ambulanc e/ emerg, med. service (controlle d substance s act)	Laborato ry (controll ed	Dept or Prvt Not- For-Profit Fam. Plan. Clinic or	h & Teachin g			Sample Drug Distribut ion
		Арр	App	App	Арр	Арр	Арр	Арр	Арр	Арр	Арр	Арр	App	Арр	Арр	App
	Date of Application															
Business /	Business Name															
Facility	Other names used for															
Contact	business															
Information	Address															
	Name of county															
	Phone number															
	Fax number															
	Toll-free															
	Email address															
	Other Contact info, if different from physical address of business.															
Business /	Type of Business															
Facility	TaxID for practice															
Corporate	Type Ownership															
Information	Business Owner(s) - Name															
	Business Owner(s) - Contact Information															
	Corporate Board															
	Authorized Agent/ Designated Resident Agent															
	Hours of operation															
	Pharmacist on duty															
	Website address															
	If have website, can patients purchase prescriptions on it?															
	Ownership of Equipmen	nt														

Facility   Do you transfill or repackage oxygen?   Drugs being sample distributed   Do you transfill or repackage oxygen?   Drugs being sample distributed   Drugs					Data Elements on Health Professions Licensing Forms												
Category  Category  Contact  C			Healin	g Arts					K	ansas St	ate Board	of Pharm	acy				
If equipment is not owned   Other Details		Description	Dispense Contact Lenses	Dental Facility or Portable Dental Operatio	у	dent Pharmac	eutical Manufac	tion Drug/ Controll ed Substan ces Distribut	Prescrip tion (OTC) Drug Distribut or/ Wholesa	Dealer's Permit (healthc are product s sales)	e/ emerg, med. service (controlle d substance	Laborato ry (controll ed substanc	Dept or Prvt Not- For-Profit Fam. Plan. Clinic or Indigent Care	h & Teachin g Institutio	nal Drug Room	Medical Equipm	Drug Distribut
Other Datails Certification or License  Pacility Coretification or License  Other Data of Certification Certification Certification Certification another state, etc.)  Other Stack			Арр	Арр	Арр	Арр	Арр	Арр	Арр	App	Арр	Арр	Арр	App	Арр	Арр	Арр
Services Provided Pro		If equipment is not owner	ed														
Provided    Facility   Do you transfill or repackage oxygen?   Drugs being sample distributed   Do you transfill or repackage oxygen?   Drugs being sample distributed   Drugs being sample distribute																	
Do you transfill or repackage oxygen?  Drugs being sample distributed  Business  #Facility Cortification or License  Date of certification  Other Facility Certification  Other Facility Certification  Other Professional license/certificate or temporary permit Allicense  Certification  Allicense Discinses number  another state, etc.)  Business  All Cionse (Certification)  Other  Other Professional license/certificate or temporary permit  Allicense  Certification  All Cionse (Certification)  Discinses number  a. State/territory  Discinses number  a. State/territory  Discinses number  a. State/territory  Discinses number  d. c. effective date/year issued or date of applic.  d. current status  d. d. current status  Provider  Is facility registered/ authorized by DEA to	Services																
repackage oxygen? Drugs being sample distributed  Business (Facility Certification or License)  Potien and the patients of the	Provided																
Drugs being sample distributed																	
distributed  Mame of credential (License, Certi., Regist.) for this application (or renewal, etc.)  Status of credential (Current, active, inactive, expired, renewal etc.)  Certifi/License # Date of certification  Other Cortification Cortification Cortification  Certification  Certification																	
Certification   Curent status   Certification   Certificatio																	
Certification or License  Regist.) for this application (or renewal, etc.)  Status of credential (Current, active, inactive, expired, renewal etc.)  Certifi/License # Date of certification  Other Professional license/certificate or temporary permit  Certification  //License (Previous, another state, etc.)  Provider  DEA  Provider  DEA  Regist.) for this application (or renewal, etc.)  Status of credential (Current, active, inactive, expired, renewal etc.)    Dea	Business																
or License  or License  application (or renewal, etc.)  Status of credential (Current, active, inactive, expired, renewal etc.)  Certifi/License # Date of certification  Other Professional license/certificate or temporary permit  A. State/terntory  D. license number  c. effective date/year issued or date of applic.  d. current status  Provider  DEA  Provider  DEA  DEA  DEA  DEA  DEA  DEA  DEA  DE	/Facility																
etc.) Status of credential (Current, active, inactive, expired, renewal etc.)  Certif/License # Date of certification Other Professional license/certificate or temporary permit Alticense (Previous, another state, etc.)  Discusse number of applic. d. current status  Provider DEA  License  etc.)  Status of credential (Current, active, inactive, expired, renewal etc.)  Deta  Statisty  Certifi/License # Date of certification  Deta  State/territory  Discusse number  C. effective date/year issued or date of applic. d. current status  DEA  Statisty registered/ authorized by DEA tocontrolled substances.	Certification																
(Current, active, inactive, expired, renewal etc.)  Certifi/License # Date of certification Other Professional license/certificate or temporary permit A. State/territory D. License (Previous, another state, etc.)  Provider DEA  Current satus  ICURRENT, Active, inactive, inactive, expired, renewal etc.)  Certifi/License # Date of certification Other Professional license/certificate or temporary permit  a. State/territory D. License number D. Ceffective date/year issued or date of applic.  d. current status  IS facility registered/ authorized by DEA tocontrolled substances.	or License	etc.)															
Date of certification Other Facility Certification //License (Previous, another state, etc.)  Provider DEA  Date of certification Other Professional license/certificate or temporary permit a. State/territory b. license number c. effective date/year issued or date of applic. d. current status  Is facility registered/ authorized by DEA tocontrolled substances.		(Current, active, inactive, expired,															
Other Facility Certification //License (Previous, another state, etc.)  Provider DEA  Other Professional license/certificate or temporary permit  a. State/territory  b. license number  c. effective date/year issued or date of applic.  d. current status  Provider DEA  Other Professional license/certificate or temporary permit  a. State/territory  b. license number  c. effective date/year issued or date of applic.  d. current status  Is facility registered/ authorized by DEA tocontrolled substances.		Certifi/License #															
Facility Certification //License (Previous, another state, etc.)  Provider DEA    Iicense/certificate or temporary permit		Date of certification															
temporary permit   temporary permit   a. State/territory   a. State/territory   b. license number   c. effective date/year issued or date of applic.   d. current status   d. current st	Other																
/License (Previous, another state, etc.)  Provider DEA  a. State/territory b. license number c. effective date/year issued or date of applic. d. current status  Is facility registered/ authorized by DEA tocontrolled substances.	Faciltiy																
(Previous, another state, etc.)  D. license number  C. effective date/year issued or date of applic.  d. current status  Provider DEA  DEA  DEA  DEA  DEA  DEA  DEA  DEA	Certification																
another state, etc.)  C. effective date/year issued or date of applic.  d. current status  Provider DEA  Is facility registered/ authorized by DEA tocontrolled substances.	/License																
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d. current status  Provider DEA  Is facility registered/ authorized by DEA tocontrolled substances.	state, etc.)																
authorized by DEA tocontrolled substances.																	
controlled substances.	Provider DEA	authorized by DEA to															

		Healin	g Arts	Arts Kansas State Board of Pharmacy																
General Category	Description	Reg. to Dispense Contact Lenses by Mail	Mobile Dental Facility or Portable Dental Operatio n	Pharmac y	NonResi dent Pharmac y	eutical	tion Drug/ Controll ed Substan ces	Non Prescrip tion (OTC) Drug Distribut or/ Wholesa	Permit (healthc are product s sales)	Ambulanc e/ emerg, med. service (controlle d substance s act)	I Laborato ry (controll ed	Dept or	h & Teachin g	Institutio nal Drug Room		Sample Drug Distribut ion				
		App	Арр	App	Арр	Арр	App	App	App	Арр	Арр	Арр	App	Арр	App	App				
	Expiration date of certification specified by CertificationID																			
	Date application was submitted to DEA.																			
Provider FDA	Is applicant presently registered with the Food and Drug Administration(FDA)?																			
	FDA Reg. # and Exp. Date																			
Employee	Name																			
Information	Preferred title (Dr., Mr., Mrs. Ms, etc.)																			
	Address (street, city,																			
	Phone number																			
	Email address																			
	Fax number																			
	Name of country Other employee information																			
Employee	Name of credential,																			
License/ Certification																				
	License #																			
Provider	Ever convicted of a																			
Criminal /	misdemeanor? Ever convicted of a								<del>                                     </del>							$\vdash$				
Disciplinary Action	felony?																			

		Healin	g Arts	s Kansas State Board of Pharmacy												
General Category	Description	Reg. to Dispense Contact Lenses by Mail		У	dent	Pharmac eutical Manufac turer	tion Drug/ Controll ed Substan ces	Prescrip tion (OTC) Drug	Dealer's Permit (healthc are product s sales)	(controlle	Laborato ry (controll ed	Dept or Prvt Not- For-Profit Fam. Plan. Clinic or	h & Teachin g		Medical	Sample Drug Distribut ion
		Арр	Арр	Арр	Арр	Арр	Арр	Арр	Арр	Арр	Арр	Арр	Арр	Арр	Арр	Арр
	Ever convicted of any violation of St. or Fed. law relating to controlled substances?															
	Any criminal proceedings pending (fed or state)?															
	Any investigation and/or disciplinary action (past or pending) against any license, certification, or registration?															
	License, certification or registration ever denied, revoked, suspended or other disciplinary action taken?															
	Licence/certification ever surrendered?															
	Ever furnished false or fraudulent material in any application made in connection with drug manufacturing or distribution?															
Public Trust	Have you ever been denied provider participation in any state medicaid or federal medicare programs?															
Other Questions Re:	Has applicant complied with reg. requirements of previously granted registrations?															

		Healin	g Arts		Kansas State Board of Pharmacy														
General Category	Description	Reg. to Dispense Contact Lenses by Mail		Pharmac y	dent	Pharmac eutical Manufac turer	tion Drug/ Controll ed Substan ces	Prescrip tion (OTC) Drug	Dealer's Permit (healthc are product	med. service (controlle	Laborato ry (controll ed	Dept or	h & Teachin g			Sample Drug Distribut ion			
with	Has applicant complied with requirements to maintain/ make available to board or to federal, state or local law enforcement officials those records required by the federal Food Drug and Cosmetic Act?	Арр	App	Арр	App	Арр	App	Арр	Арр	Арр	App	Арр	Арр	Арр	Арр	App			
	education, training or experience sufficient to perform the assinged function so as to provide assurance that the drug product quality,safety, and security will at all times by maintained as required by law?																		
	past experience in the manufacture or distribution of prescription drugs, including controlled substances.																		